

## Comparison of Adult Medicaid Programs - July 2007

Benefit	Traditional Medicaid - usually 18 years or older	Non-Traditional Medicaid - usually 19 years or older	PCN- Fee for Service - 19 years or older
<b>Out of Pocket Maximum</b>	* <b>Pharmacy</b> \$15 per month <b>Inpatient</b> \$220 per year <b>Physician &amp; Outpatient</b> \$100 per year	\$500 per calendar year per person	\$1000 per calendar year per person (up to \$50 enrollment fee not included)
<b>Dental</b>	no co-pay - <i>limited benefits for non-pregnant adults, 21 years old or older</i>	<i>not covered</i>	10% co-pay - limited benefits
<b>Emergency Room</b>	* no co-pay. \$6 co-pay for non-emergency use of the ER.	no co-pay. \$6 co-pay for non-emergency use of the ER.	\$30 co-pay per visit - See PCN Member Guide for limitations
<b>Family Planning</b>	<b>Office visit</b> - no co-pay <b>Pharmacy</b> - no co-pay <i>See current OTC list</i>	<b>Office visit</b> - no co-pay <b>Pharmacy</b> - no co-pay <i>See current OTC list</i> <i>Norplant and patches are not covered</i>	<b>Office visit</b> - \$5 co-pay per visit <b>Pharmacy</b> - refer to pharmacy benefit , <i>See current OTC list</i> <i>Norplant and sterilization not covered</i>
<b>Inpatient Hospital</b>	* \$220 co-pay yearly for non-emergency stays	\$220 co-pay each non-emergency stay	Not a covered service
<b>Lab</b>	no co-pay	no co-pay	Lab - 5% co-pay if Medicaid allowed amount over \$50
<b>Medical Equipment &amp; Supplies</b>	no co-pay	no co-pay	10% co-pay for covered services
<b>Mental Health</b>	no co-pay at prepaid Mental Health Center	no co-pay - limited benefit <i>30 annual inpatient, 30 annual outpatient visits</i>	Not a covered service
<b>Occupational Therapy</b> <b>Physical Therapy</b>	no co-pay no co-pay	\$3 co-pay - <i>limited to a combined 10 visits per year</i>	Not a covered service
<b>Chiropractic</b>	\$1 co-pay per visit	\$3 co-pay per visit - <i>limited to 6 visits per year</i>	
<b>Office Visit &amp; Outpatient</b>	* <b>Outpatient</b> - \$3 co-pay per visit <b>Office visit</b> - \$3 co-pay per visit	<b>Outpatient</b> - \$3 co-pay <b>Office visit</b> - \$3 co-pay per visit - <i>no co-pay for preventative care or immunizations</i>	<b>Outpatient</b> - not covered <b>Office visit</b> - \$5 co-pay per visit - <i>Pregnancy related services not covered</i>
<b>Pharmacy</b>	* \$3 co-pay per prescription limited to \$15 monthly <i>Review process for more than 7 prescriptions per month</i>  <i>Limited over-the-counter drug coverage</i>	\$3 co-pay per prescription <i>Review process for more than 7 prescriptions per month</i>  <i>Limited over-the-counter drug coverage</i>	<i>Limited to 4 prescriptions per month</i>  <b>Generic</b> - \$5 co-pay <b>Brand Name</b> - co-pay is 25%
<b>Transportation</b>	no-co-pay	no co-pay - <i>limited to emergency transportation</i>	no co-pay - <i>limited to emergency transportation</i>
<b>Vision Services</b>	no co-pay - Annual coverage limited to a medically necessary eye exam <i>Glasses not covered</i>	no co-pay - Annual coverage limited to a medically necessary eye exam <i>Glasses not covered</i>	\$5.00 co-pay for annual exam  <i>Glasses not covered</i>
<b>X-Ray</b>	no co-pay	no co-pay	X-ray - 5% co-pay if Medicaid allowed amount over \$100

Pregnant women and children are excluded from co-pays. In addition to Traditional Medicaid benefits, these clients will receive dental and vision.

### Other insurance or Medicare may effect co-pay and co-insurance

For general Medicaid information and benefits refer to the Medicaid Member Guide or PCN Member Guide. →

\*\*\* This chart may change at anytime\*\*\*

**Traditional Medicaid & Non-Traditional Medicaid** - For full benefit information please refer to the Medicaid Member Guide sent to you by mail. For another copy of the guide, please call your HPR.

**PCN** - For benefit information please refer to the PCN Member Guide sent to you by mail. For another copy of the guide, please contact your HPR.

### **What happens after I choose a health plan or PCP?**

The health plan or PCP (Primary Care Provider) you chose will be printed on your monthly Medicaid card. When a health plan is on your card, you will be contacted by the plan and they will explain what services are offered and how to use them.

### **What other things do I need to know?**

1. **Always check your Medicaid card** and make sure the information is correct.
2. **Always show your Medicaid card** to your doctor or other health care provider **before** receiving treatment. You will need a referral to see a doctor other than your PCP if a PCP prints on your card.
3. **If you have a health plan and choose to see a doctor or other health care provider who is not part of the plan, you may have to pay the bill yourself.**
4. **Some Medicaid services are not paid by your health plan such as dental and pharmacy.** You must receive those services from a Medicaid provider who will bill Medicaid directly.
5. **Use the hospital Emergency Room (ER) only for emergencies. If it is not an emergency you may have to pay the bill yourself.**
6. **Keep all of your medical appointments.** If you need to cancel or reschedule an appointment, call the provider as soon as possible. You may be charged for a missed appointment or the provider may refuse to keep you as a patient.
7. **Save your old Medicaid cards for 12 months.** They are proof that you are eligible for Medicaid.
8. For questions about your **eligibility** contact your **eligibility worker**.
9. For lost **Medicaid cards** or if you didn't receive your card contact your **eligibility worker**.

### **Appeals and Fair Hearing Rights**

You may feel a service or bill was denied unfairly. You have the right to question these decisions. You have the right to a Fair Hearing.

- Call your health plan to talk about the problem. Many times the problem can be taken care of easily.
- If there is still problems contact your Health Plan to request an Appeal.
- **If you don't have a health plan** or still feel the plan is being unfair you can ask for a Fair Hearing with the State by calling 801-538-6155 or 1-800-662-9651.